

Doctor Regrets Fateful Words on a Sad Day in Dallas
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The high wind country sends its strong gusts roaring through the 20 acres of loblolly pines that are up to 14 feet since their harvesting in 1990. Raising trees is a big business in this part of Texas. The pines grow a foot and a half a year, and the wind's sound increases as they get higher. The trees are in rows as they grow.

Someday they will be for Malcolm Perry's grandchildren, who are now 6 and 8. In a grove alongside the property, pine trees grow to 100 feet into the wind. The hardwood trees on the property, maple and oak, are scattered on hills and run down to a pond. Many of them have not been harvested. They grow 60 and 70 feet high and one tree shading the house is 75 feet. All the trees will grow, slowly, almost unnoticeably until they are high in the sky and in this place where time is measured by a tree's step from the earth.

Malcolm Perry listens to the wind coming through the trees with a low roar, or a whistle, or suddenly, a shriek that sometimes is familiar with him.

The shrieks of Parkland Memorial Hospital have run through all the hallways and rooms and arenas of all the years, softening now, diminishing, but burrowing into the wind and reaching the unwilling consciousness of Dr. Malcolm Perry. He was working on John F. Kennedy's heart when he died in Parkland Hospital on the fall day in 1963.

"It was a bad weekend," he remembers. Kennedy was on Friday. On Sunday, he operated on Lee Harvey Oswald. "A bad weekend and a bad aftermath."

The trouble at the end came when he walked into a large, writhing news conference, something in which he never had been involved. And for good reason, this was the only one like it since Lincoln.

He observed that a throat hole looked like an entrance wound. He had qualified the observation in the next sentence but virtually nobody paid attention. They took that throat wound and carried it over the years into proof of a conspiracy. Somebody shot Kennedy from the front, in the throat. Somebody else shot him in the back of the head. So many wanted to believe the worst.

Malcolm Perry then slipped away from questioning and walked into his own world of surgery and silence. He never spoke to news reporters. He mentioned his experience to practically nobody. He wanted to be known as a fine doctor. From 1978 until 1988 he was chief of vascular surgery at New York-Cornell Hospital in Manhattan. He lived at 15 Villa Lane in the elegant suburb of Larchmont. Apparently, nobody at the hospital who knew him ever mentioned anything about the Kennedy shooting. It was the same in Larchmont.

"They were wonderful neighbors," he says. "Nobody ever said, 'Are you that person?' I was discreet. I said little about those things. I played golf at Winged Foot, but nobody there brought it up."

He got up at 5 in the morning to drive to the hospital and got home at 9 or 10. He and his wife liked to walk on First and Second avenues and try new restaurants. For a full decade, he moved on boulevards where the people and the prints and screens scream for a new great name and he left without leaving a phone number. He had been in the vortex of American history and found it unwelcome.

The wind speaks by rattling trees and bringing up that day for Malcolm Perry. He was having salmon croquettes for lunch in the doctor's cafeteria at Parkland Hospital when the call came over the page.

"Dr. Tom Shires STAT," the woman's voice said.

Nobody ever called Tom Shires, who was the hospital's chief resident in surgery, for an emergency. And Shires was out of town for the day. Perry put down his fork and went to the phone.

"This is Dr. Perry taking Dr. Shires' page."

"President Kennedy has been shot. STAT," the operator said. "They are bringing him into the emergency room right now."

Perry walked out of the cafeteria, down a flight of stairs and pushed through a brown door, and a nurse pointed to Emergency Room One. Perry walked into it. The room was narrow and had gray-tiled walls and a cream-colored ceiling.

In the center, on an aluminum hospital cart, the president of the United States was on his back and dying with a huge lamp glaring on his face.

Jack Kennedy had been stripped of his jacket, shirt and T-shirt. A staff doctor was starting to place a tube called an endotrach down the throat. Oxygen would be forced down the tube. Breathing had to be fought for. The president was not breathing.

Malcolm Perry, 34, at 6-2 and red-haired, threw his dark blue glen-plaid jacket on the floor. He held out his hands while the nurse helped him put on gloves. He looked at Kennedy. The president, he thought, he's bigger than I thought.

He noticed the dark-haired woman in the doorway with her husband's blood all over the front of her skirt.

Then he stepped up to the aluminum cart for the hopeless job of keeping John Kennedy alive. The chest was not moving and there was no heartbeat. The wound in the throat was small and neat. But blood was running out of it too fast. There was a wound in the back of the head that had a huge flap. Blood covered the floor. Air and blood were being packed together in the chest.

Perry called for a scalpel. He was going to do a tracheotomy, opening the throat and inserting a tube into the windpipe. There was no anesthesia. Kennedy could feel nothing now.

Other doctors and nurses were in the room now, but Perry saw only the throat with the hole in it, and the chest, shining under the huge light.

As he finished the tracheotomy, Perry saw Dr. Kemp Clark, chief of neurosurgery, coming through the door. Clark looked at Kennedy. He looked at Malcolm Perry. His look told Perry something he already knew. There was no way to save the patient.

Perry started to massage the chest. He has long fingers, and he used them to try to force the body to a heartbeat. The aluminum cart was too high. Perry was up on his toes for leverage.

“Will somebody please get me a stool?” he said.

One was placed under him. For 10 minutes, he massaged the chest. Over in a corner of the room, Dr. Kemp Clark kept watching the electrocardiogram. There was no action. He turned from the electrocardiogram.

“It’s too late, Mac,” he said to Malcolm Perry.

The IBM clock on the wall said it was 1 p.m. of Nov. 22, 1963.

Afterward, the sound that follows him began with the caterwauling and clatter of a mob in a conference room. He said that he thought that the small hole in Kennedy’s throat looked like an entrance wound.

Right after his entrance-wound statement, Perry said, “Neither Dr. Clark nor I know how many bullets there were or where they came from.”

Right away, so many took the entrance wound at the throat to mean the shot had come from the front, not the rear, which was the Texas School Book Depository building where Lee Harvey Oswald fired out of a sixth-floor window.

“I shouldn’t have said anything,” Malcolm Perry remembers today. “I was naive. I didn’t know how much trouble I could get into. I shouldn’t have surmised. If I hadn’t said that, there wouldn’t have been a conspiracy theory.”

The exams later showed it was an exit wound. No matter now. The conspiracy theories clutched the throat wound.

That was on Friday. On Sunday he was back in the hospital operating on Lee Harvey Oswald, shot in the Dallas police station by Jack Ruby.

For the conference after Oswald’s death, Perry had his statements typed out and this time there was no dangerous confusion.

“I had a bad weekend and a bad aftermath,” he says.

Perry testified for a day at the Warren Commission.

He wonders if any reporters read the report.

For the cry of conspiracy was raised by the jackals.

And now all these years later, Malcolm Perry where he raises trees and once a week flies his Beechcraft plane to Dallas, where he is professor emeritus at University of Texas Southwestern Medical School.

To start the week when all news organizations try to make hard fresh news out of a story that is so old, Malcolm Perry, doctor at the end of the lives of Jack Kennedy and Lee Harvey Oswald, will take no calls from anybody in news. He was good with the Nebraska-Kansas State game, and wind coming through his trees.